



# Volunteer Application

Please fax your completed application to 888.632.9953 or e-mail [volunteers@petalinc.org](mailto:volunteers@petalinc.org)

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Office Telephone:** \_\_\_\_\_

**Employer Website:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

Would you talk to students about your profession/educational experiences?  Yes  No

**Volunteer Experience:**

1. I have the following experience and would like to volunteer for P.E.T.A.L. in the following areas:

\_\_\_\_\_ **Event Planning**      \_\_\_\_\_ **Education**      \_\_\_\_\_ **Health**

\_\_\_\_\_ **Program Development**      \_\_\_\_\_ **Grant writing/Fundraising**      \_\_\_\_\_ **Volunteer Recruitment**

\_\_\_\_\_ **Other:** \_\_\_\_\_

2. Do you know someone affiliated with P.E.T.A.L.?  Yes  No

*If yes, please explain:* \_\_\_\_\_

**Availability to Commit Your Time with Us**

3. Please list the hours and days during the week that you are available to volunteer (e.g. Sat. 11a – 3p)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_

4. Do speak any other languages besides English?  Yes  No

If yes, please list: \_\_\_\_\_

**General Information**

5. How did you hear about P.E.T.A.L.?

\_\_\_\_\_

6. Why are you interested in volunteering with P.E.T.A.L.?

\_\_\_\_\_

\_\_\_\_\_

7. Who should we contact in the event of an emergency?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**References**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe relationship: \_\_\_\_\_

8. Have you ever been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

9. Are there any criminal matters pending against you?  Yes  No

If yes, please explain: \_\_\_\_\_

The facts set forth above in my application are true and complete to the best of my knowledge. I hereby authorize you to make any investigation necessary to verify the information provided, and I consent to release this information to the Positively Empowering TeenGirls About Life – P.E.T.A.L.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our VOLUNTEERS ARE CONSIDERED WITHOUT REGARD TO SEX, RACE, CREED, RELIGION, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, PREGNANCY, VETERAN STATUS, SEXUAL ORIENTATION, OR CITIZENSHIP STATUS. \*Applicant who indicate a conviction of a crime or pending criminal matters will not be summarily rejected. Please complete and fax application to: Positively Empowering TeenGirls About Life – 888.632.9953 or e-mail [volunteers@petalinc.org](mailto:volunteers@petalinc.org).

**For office use:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Event Planning      | <input type="checkbox"/> Education                 | <input type="checkbox"/> Health                |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Grant writing/Fundraising | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Other               |  |  |